

State of Connecticut

10/08 This form
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office

Department of Public Health**MARRIAGE LICENSE WORKSHEET**

MARRIAGE LICENSE TO BE ISSUED BY TOWN WHERE CEREMONY IS BEING HELD

BRIDE/ GROOM/ SPOUSE**BRIDE/ GROOM/ SPOUSE**

NAME (First) (Middle) (Last)				NAME (First) (Middle) (Last)					
SEX	DATE OF BIRTH (Mo., Day, Year)			AGE					
BIRTHPLACE		EDUCATION (No. Yrs. Completed)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)			
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	GRADE S 1-8		GRADES 9-12	COLLEGE (1-5+)	
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)					
CITY OR TOWN		COUNTY		STATE		CITY OR TOWN		COUNTY	STATE
RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
FATHER'S NAME				FATHER'S NAME					
MOTHER'S MAIDEN NAME				MOTHER'S MAIDEN NAME					
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)		FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION			
LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					
SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE				SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE					
<u>BRIDE/GROOM PHONE NUMBER:</u>									
<u>OFFICIATOR INFORMATION</u>									
OFFICIATOR'S NAME				(PHONE NUMBER)					
OFFICIATOR'S ADDRESS									
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:									
GROOM ID				BRIDE ID					

MARRIAGE ISSUANCE FEES: \$30

CERTIFIED COPY: \$20